

Follow-up: Quality & Safety Governance – Bronglais General Hospital Interim Update Report

December 2023

Hywel Dda University Health Board



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1. Introduction

- 1.1 This paper sets out the progress made to date in implementing agreed actions to address the issues identified in the original review (report HDUHB-2324-03 refers) which concluded limited assurance due to:
- lack of clear governance structure and reporting arrangements from informal groups and meetings through to the Health Board;
 - gaps in the quality and safety topics expected to be reviewed at directorate level and reports/representation at meetings; and
 - high level of open incidents with no clear plan of action to identify the root cause and address the backlog.
- 1.2 Further testing will be undertaken later in the year once all target dates for management actions have been reached, to assess full implementation of actions and the extent to which they are embedded and complied with.
- 1.3 The associated potential risk considered in this review is that quality and safety governance arrangements at Bronglais are ineffective with issues not escalated to and addressed by the Health Board, potentially resulting in poor quality services impacting on patient experience and/or leading to patient harm.

2. Findings

- 2.1 Of the **nine** recommendations raised in the original report, **two** (Rec 2.1 and 5.1) had agreed target dates of December 2023 and January 2024 respectively. Whilst a progress update is included in Appendix A as part of this interim update review, these recommendations are currently ongoing and will be subject to more detailed review as part of the full follow up audit in January 2024.
- 2.2 The table below provides an overview of progress to date in implementing the **seven** previous internal audit recommendations where the target date has passed:

Original Priority Rating	Number of Recommendations	Implemented		Action Ongoing Further Action Required	
		No Further Review Required	Evidence of Embedding Required	Target Date Passed	Target Date Not Reached
High	6	1	3	0	2
Medium	3	1	1	1	0
Total	9	2	4	1	2

Details of action taken to date in response the recommendations made is provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Matter Arising 1: Reporting Arrangements		
Original Recommendation		Original Priority
1.1 Key quality and safety topics should be regularly reported by a representative member of the Quality Forum.		High
Management Response	Target Date	Responsible Officer
All required teams are invited to meetings and will be specified as per the standard terms of reference when these are adopted on 13/10/23. Attendance concerns will be raised in the Quality Forum's QQESC reports.	31 st October 2023	General Manager BGH & Deputy Director Nursing, Quality and Patient Experience
Current status		Residual Risk
<p>The standard Health Board terms of reference (TOR) and agenda has been adopted by the Quality Forum from October 2023. A review of the Quality Forum agenda and minutes for October and November 2023 confirmed that key quality and safety topics were discussed.</p> <p>Current Status: Management Action Implemented – further testing will be undertaken in January 2024 to ensure processes have been fully embedded with any attendance concerns escalated to the QQSEC.</p>		No residual risk.

Original Recommendation		Original Priority
1.2 The Quality Forum should ensure the escalation of all key risks and items are reported through to Operational QSEC.		High
Management Response	Target Date	Responsible Officer
Items are escalated in the Quality Forum's QQESC report, but documentation not clear in minutes. Escalation will be documented in the minutes. QQSEC minutes to be item for noting in the local quality forum.	31 st October 2023	Head of Nursing BGH
Current findings		Residual Risk
<p>Review of the Quality Forum October and November 2023 minutes confirmed that items for escalation were considered, with minutes of these meetings noting that there were no items for escalation to QQSEC.</p> <p>Current Status: <i>Management Action Implemented – further testing will be undertaken in January 2024 to ensure the escalation of key risks and items controls have been fully embedded into the Quality Forum's processes through to the QQSEC.</i></p>		No residual risk.

Matter Arising 2: Governance Arrangements		
Original Recommendation		Original Priority
2.1 BGH Directorate's governance arrangements should be reviewed and amended to ensure quality and safety orientated supporting groups or meetings report into the Quality Forum ensuring key issues and risks are brought to the attention of hospital management.		High
Management Response	Target Date	Responsible Officer
Agreed – noting that this will need to be supported by one band 3 additional administration staff to act as a service committee officer. Case for funding to be made via the relevant process.	1 st December 2023	General Manager BGH
Current findings		Residual Risk
<p>Management confirmed that they are in the process of preparing an SBAR report outlining the business case for the additional Band 3 administrative post required.</p> <p>Progress Status: <i>Management Action Ongoing (target date not due at time of review) – further testing will be undertaken in January 2024.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Management do not receive the required information or data to help inform of the operational changes to improve services.

Original Recommendation		Original Priority
2.2 The Quality Forum TOR should be updated to reflect the Health Board required format and content.		High
Management Response	Target Date	Responsible Officer
Agreed – the standard Terms of Reference will be adopted at the Quality Forum meeting on 13 October 2023.	13 th October 2023	General Manager BGH & Head of Nursing BGH
Current findings		Residual Risk
<p>The TOR for the Quality Forum was updated and approved in line with the Health Board standard format from October 2023.</p> <p>Current Status: <i>Management Action Implemented – no further action required</i></p>		No residual risk.

Matter Arising 3: Table of Actions		
Original Recommendation		Original Priority
The Quality Forum should ensure all listed actions are documented noting the responsible officer and target date to ensure progress updates are fully completed.		Medium
Management Response	Target Date	Responsible Officer
Agreed – a table of actions approach has already been adopted.	2 nd October 2023	General Manager BGH
Current findings		Residual Risk
Review of the October and November 2023 Quality Forum meeting minutes and papers confirmed a Table of Actions has been adopted as a standard agenda item. The action table sets out the action, responsible lead, timescale and update. Current Status: <i>Management Action Implemented – no further action required</i>		No residual risk.

Matter Arising 4: Risk Register		
Original Recommendation		Original Priority
The risk register should be reviewed and updated or amended to reflect current risks impacting the directorate.		Medium
Management Response	Target Date	Responsible Officer
Agreed – the Risk Register is reviewed; long standing risks will be updated to reflect the latest situation (where these otherwise cannot fully be brought under control).	2 nd October 2023	General Manager BGH
Current findings		Residual Risk
<p>The risk register continues to be reviewed on a monthly basis. A review of the Quality Forum minutes and papers for the October and November 2023 meetings confirm reports have been submitted highlighting details of recent review and update of the register. However, a number of risk actions remain outstanding after their target deadline date.</p> <p>Current Status: <i>Management Action Ongoing – further review of the risk register will be undertaken in January 2024.</i></p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Materialisation of identified risks due to poor risk management/mitigation

Matter Arising 5: Incidents Management		
Original Recommendation		Original Priority
<p>5.1 Management should seek:</p> <ul style="list-style-type: none"> To work together with the Corporate Quality and Governance Team to identify an approach to reduce the number of open incidents, in particular on the old system, incorporating lessons learned of other acute sites within the directorate, and To develop an action plan and timeline to improve the directorate' position for incidents. 		High
Management Response	Target Date	Responsible Officer
Review of open incidents indicates a large number that are not within remit of BGH. Plan to move these to appropriate management teams to be worked up with central Datix team. Lead Nurse for Quality and Safety to develop plan for incidents within local responsibility.	30 th November 2023	Senior Nurse for Quality
To consider how the services and locations can be simplified in Datix Cymru to facilitate easier reporting and to work with the Once for Wales concerns management systems team to identify potential solutions.	1 st January 2024	Head of Quality & Governance
Current findings		Residual Risk
<p>Considerable work is being undertaken to reduce the number of open incidents assigned to BGH. Allocation of open incidents has been spread amongst the managers at BGH and as at 20th November 2023, the number of open incidents have reduced to 173, from the 553 originally reported. A high percentage of those that remain open are allocated on reporting as 'Community Pressure Sores' and management are working together with the Central Governance Team to assign these correctly for clearing. Progress is being closely monitored by the directorate management and progress reported at the Quality Forum meetings.</p> <p>Current Status: Management Action Ongoing (target dates not due at time of review) – further testing will be undertaken by Internal Audit and reported in February 2024.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Root cause of incidents are not addressed, increasing likelihood of recurrence, potentially resulting in patient/staff harm, reputational damage and financial loss.

Original Recommendation		Original Priority
5.2 Thematic reviews to identify trends and hotspots across wards and services within the directorate should be reported to the Quality Forum in order to target areas based on high risk.		High
Management Response	Target Date	Responsible Officer
Thematic reviews are undertaken but note that the administration support to ensure these are appropriately reported reduce their visibility. The recent creation of the Lead Nurse for Quality and Safety will take this forward and the additional administration resource identified above will support this (see 2.1 above).	2 nd October 2023	Head of Nursing BGH
Current findings		Residual Risk
<p>A review of the October and November 2023 Quality Forum minutes confirmed that identified themes and hotspots had been identified and discussed at recent meetings.</p> <p>Current Status: <i>Management Action Implemented – further testing will be undertaken in January 2024 to ensure discussions and reporting of themes, trends and hotspots are fully embedded into the Quality Forum’s review process.</i></p>		No residual risk.

Matter Arising 6: Performance Management		
Original Recommendation		Original Priority
Performance data should be used to drive discussion and actions of areas of concern and improvement at the Quality Forum.		Medium
Management Response	Target Date	Responsible Officer
Obtain dashboard access for Hospital Head of Nursing and Hospital Service Manager.	2 nd October 2023	General Manager BGH
Dashboards used to inform reports and be reported at the local Quality Forum. Hospital Management Team to contribute to continued dashboard improvements.	13 th October 2023	Head of Nursing BGH
Current findings		Residual Risk
<p>Management confirmed that they now have access to the performance dashboards and review these regularly to support reporting at the Quality Forum. This is a recent development and therefore not yet reflected in the Quality Forum meetings held to date.</p> <p>Current Status: <i>Management Action Implemented – further testing will be undertaken to establish whether performance data is used to drive discussion at the Quality Forum.</i></p>		No residual risk.

Appendix B: Action plan risk rating

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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